

<i>SERFF Tracking Number:</i>	<i>UNLI-126566009</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45311</i>
<i>Company Tracking Number:</i>	<i>1037</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Apollo Emergency Medevac Group Plan</i>		
<i>Project Name/Number:</i>	<i>Apollo Emergency Group Plan/1037</i>		

Filing at a Glance

Company: Unified Life Insurance Company	SERFF Tr Num: UNLI-126566009	State: Arkansas
Product Name: Apollo Emergency Medevac Group Plan		
TOI: H21 Health - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 45311
	Co Tr Num: 1037	State Status: Approved-Closed
Sub-TOI: H21.000 Health - Other		Reviewer(s): Rosalind Minor
Filing Type: Form	Author: Rose Leiter	Disposition Date: 04/26/2010
	Date Submitted: 03/31/2010	Disposition Status: Approved-Closed
		Implementation Date:
Implementation Date Requested:		
State Filing Description:		

General Information

Project Name: Apollo Emergency Group Plan	Status of Filing in Domicile:
Project Number: 1037	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 04/26/2010	Explanation for Other Group Market Type:
	State Status Changed: 04/26/2010
Deemer Date:	Created By: Rose Leiter
Submitted By: Rose Leiter	Corresponding Filing Tracking Number:
Filing Description:	
This filing provides employees and their family members emergency medical air evacuation and the option to provide ground ambulance service.	

Company and Contact

Filing Contact Information

Rose Leiter, Regulatory Compliance Director roseleiter@unifiedlife.com
 Unified Life Insurance Company 913-871-7334 [Phone]

SERFF Tracking Number: UNLI-126566009 State: Arkansas
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 Company Tracking Number: 1037
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Apollo Emergency Medevac Group Plan
 Project Name/Number: Apollo Emergency Group Plan/1037

7201 W 129th 913-871-7335 [FAX]

Suite 300

Overland Park, KS 66213

Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$100.00	03/31/2010	35288911

SERFF Tracking Number:	UNLI-126566009	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/26/2010	04/26/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/05/2010	04/05/2010	Rose Leiter	04/15/2010	04/15/2010
Pending Industry Response	Rosalind Minor	04/05/2010	04/05/2010	Rose Leiter	04/15/2010	04/15/2010

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Disposition

Disposition Date: 04/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNLI-126566009	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	45311
Company Tracking Number:	1037		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Apollo Emergency Medevac Group Plan		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Marketing Brochure	Approved-Closed	Yes
Supporting Document	Rate Memorandum	Approved-Closed	No
Form	Group Policy	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes

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Product Name: Apollo Emergency Medevac Group Plan
Project Name/Number: Apollo Emergency Group Plan/1037

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/05/2010

Submitted Date 04/05/2010

Respond By Date

Dear Rose Leiter,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Policy, GPEME 2010 (Form)
- Certificate of Insurance, GCEME 2010 (Form)

Comment:

Please define the type of groups this product will be marketed too. Refer to ACA 23-86-106 et al.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/15/2010

Submitted Date 04/15/2010

Dear Rosalind Minor,

Comments:

This is in response to your Objection Letter of 04/05/2010.

Response 1

Comments: This product will be issued to groups as defined in 23-86-106(1)(A).

Related Objection 1

Applies To:

- Group Policy, GPEME 2010 (Form)
- Certificate of Insurance, GCEME 2010 (Form)

Comment:

Please define the type of groups this product will be marketed too. Refer to ACA 23-86-106 et al.

SERFF Tracking Number: UNLI-126566009

State: Arkansas

Filing Company: Unified Life Insurance Company

State Tracking Number: 45311

Company Tracking Number: 1037

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Apollo Emergency Medevac Group Plan

Project Name/Number: Apollo Emergency Group Plan/1037

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,
Rose Leiter

SERFF Tracking Number: UNLI-126566009 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 45311
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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/05/2010

Submitted Date 04/05/2010

Respond By Date

Dear Rose Leiter,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Policy, GPEME 2010 (Form)
- Certificate of Insurance, GCEME 2010 (Form)

Comment:

This is a new type of product for our Department. In order to properly review this product, it is requested that you provide us with the following information:

1. What states have approved this product and what states have disapproved this product? What were some of the reasons for disapproval?
2. This benefit is usually added on to a policy as an additional benefit either in the policy itself or by a rider. Why is it necessary to have this type of benefit as a stand alone policy?
3. Even though our Department has no authority over group rates, we would like to review the rates and the actuarial memorandum in development of the rates.
4. Have you developed any marketing material? If so, we wish to see how this product will be marketed.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 04/15/2010

Submitted Date 04/15/2010

Dear Rosalind Minor,

SERFF Tracking Number: UNLI-126566009 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 45311
Company Tracking Number: 1037
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Apollo Emergency Medevac Group Plan
Project Name/Number: Apollo Emergency Group Plan/1037

Comments:

This is in response to your Objection Letter of 04/05/2010.

Response 1

Comments: To date, this product has been filed in Alabama, Alaska, Arkansas, California, District of Columbia, Delaware, Georgia, Hawaii, Iowa, Idaho, Indiana, Kansas, Montana, Washington, and Wyoming. The product is currently approved in Alabama, Alaska, Washington, and Wyoming. Some states have responded with objection letters requesting language changes and/or additional information. Montana has disapproved this product filing for lack of timely response to an objection letter. We are currently working on responding to Montana.

This policy will cover balance bill or co-payments for any policy, or the total bill if the covered person has no health insurance. No individual health insurer is offering this type of policy as a rider or supplement. Co-payments are increasing. People want a safety net. This policy ensures no out of pocket cost for air or ground transport. This is the only nationwide coverage individual/family air and ground supplemental insurance policy.

The Rate Memorandum is being submitted at this time.

Please see attached brochure and the Apollo MT website at www.apollomt.com.

Related Objection 1

Applies To:

- Group Policy, GPEME 2010 (Form)
- Certificate of Insurance, GCEME 2010 (Form)

Comment:

This is a new type of product for our Department. In order to properly review this product, it is requested that you provide us with the following information:

1. What states have approved this product and what states have disapproved this product? What were some of the reasons for disapproval?
2. This benefit is usually added on to a policy as an additional benefit either in the policy itself or by a rider. Why is it necessary to have this type of benefit as a stand alone policy?
3. Even though our Department has no authority over group rates, we would like to review the rates and the actuarial memorandum in development of the rates.
4. Have you developed any marketing material? If so, we wish to see how this product will be marketed.

Changed Items:

SERFF Tracking Number: UNLI-126566009

State: Arkansas

Filing Company: Unified Life Insurance Company

State Tracking Number: 45311

Company Tracking Number: 1037

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Apollo Emergency Medevac Group Plan

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Supporting Document Schedule Item Changes

Satisfied -Name: Marketing Brochure

Comment:

Satisfied -Name: Rate Memorandum

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,
Rose Leiter

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Form Schedule

Lead Form Number: GPEME 2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/26/2010	GPEME 2010	Policy/Cont ract/Fratern al Certificate	Group Policy	Initial			GPEME 2010.pdf
Approved-Closed 04/26/2010	GCEME 2010	Certificate	Certificate of Insurance	Initial			GCEME 2010.pdf
Approved-Closed 04/26/2010	GAEME 2010	Application/ Enrollment Form	Application	Initial			GAEME 2010.pdf
Approved-Closed 04/26/2010	GEEME 2010	Application/ Enrollment Form	Enrollment Form	Initial			GEEME 2010.pdf

UNIFIED LIFE INSURANCE COMPANY
[7201 W. 129th St. Suite 300 Overland Park, KS 66213]
(Referred to in this Policy as the Company, We, Us, Our)

Policyholder/Employer:

Policy Effective Date:

First Renewal Date:

Policy Number:

Initial Premium: \$_____ monthly

Premiums due on:

GROUP POLICY

**EMERGENCY MEDICAL AIR EVACUATION
[WITH GROUND AMBULANCE SERVICE]**

In consideration of the Application of the Policyholder, a copy of which is attached to and made a part of this Policy, and payment of the first premium, the Company agrees to issue this Policy subject to all of its terms.

This Policy becomes effective at 12:01 a.m., Standard Time on the Policy Effective Date in the state of delivery. Subject to the terms and conditions of this Policy, it can be renewed until the First Renewal Date by timely payment of the required premium by the Policyholder. Unless terminated in accordance with the applicable provisions of this Policy, it can be renewed after such time from month to month, subject to the terms and conditions of this Policy, by timely payment of the required premium.

The provisions on the following pages and the terms in the Certificate(s) of Insurance are a part of this Policy. A copy of the Certificate(s) of Insurance is attached to and made a part of this Policy.

Signed at Our Administrative Office in [Overland Park, Kansas].

[


President


Secretary

]

**THIS POLICY IS CANCELLABLE AT THE OPTION OF THE COMPANY. PLEASE READ THE
"TERMINATION OF THIS POLICY" PROVISION.**

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

PREMIUM PROVISIONS

PREMIUM PAYMENTS: Premiums are due and payable in advance by the Policyholder on a monthly basis. Premiums are payable to Us at Our Administrative Office. Payment of a premium will not maintain this insurance in force beyond the period for which it is paid except for the Grace Period provision.

CHANGES IN PREMIUMS: We may change the amount of the required premium due from the Policyholder by giving the Policyholder at least 60 days advance written notice.

GRACE PERIOD: A grace period of 31 days will be granted the Policyholder for the payment of each premium after the first during which grace period, this Policy will remain in force. If the required premium is not paid by the end of the grace period, this Policy will lapse as of the end of the grace period.

If a claim is filed for expenses incurred during the grace period for which benefits are payable, the Company will deduct the premium for the grace period from the claim payment. This will not further extend the grace period.

The Policyholder may, by writing to the Company, cancel this Policy on any future premium due date or on any date during the grace period.

If coverage is cancelled on a premium due date, the grace period will not apply. If cancellation is during the grace period and a claim is filed for expenses incurred during the grace period for which benefits are payable, the Company will deduct the premium for the grace period from the claim payment. This will not further extend the grace period.

The grace period will not apply if, at least 60 days before the premium due date, the Company has delivered or mailed to the Policyholder's last address shown in the Company's records written notice of the Company's intent not to renew the coverage.

GENERAL PROVISIONS

ENTIRE CONTRACT: This Policy, including any endorsements, amendments and riders, the attached Application for this Policy, and Insured's Enrollment Forms are the entire contract between the parties. All statements made will, in the absence of fraud, be deemed representations and not warranties. No such statement shall be used in defense to a claim under this Policy unless it is contained in a written instrument signed by the Policyholder or the Insured, a copy of which has been furnished to the Policyholder or to the Insured.

CHANGES: No agent is authorized to alter or amend this Policy or to waive any conditions or restrictions in this Policy or to extend the time for paying a premium. This Policy may be amended at any time by mutual agreement between the Policyholder and Us without the consent of any Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person, except an officer of the Company has authority on behalf of the Company to modify this Policy or to waive any of Our rights or requirements.

INCONTESTABILITY: After this Policy has been in force for two years from the Policy Effective Date, it can only be contested for non-payment of premiums. After two years from the effective date of coverage for an Insured, no statement in the Enrollment Form, except fraudulent misstatements, may be used to void the coverage or deny a claim for loss incurred after such two-year period. No statement an Insured makes can be used in a contest unless it is in writing and signed by the Insured.

LEGAL ACTION: No legal action may be brought to recover under this Policy within 60 days after written proof of loss has been furnished as required, or after the expiration of three years from the time written proof of loss is required to be provided.

CONFORMITY WITH STATE LAWS: A provision of this Policy that conflicts with a law of the state of delivery is hereby changed to meet the minimum standards of that law.

CHANGES IN ENROLLMENT: All changes should be reported to the Company on a monthly basis. Retroactive adjustments may be made for any changes to enrollments which are not known at the time the premium is billed. We have the right to check the Policyholder's books and records as they relate to this insurance. Any such inspection can be done at any reasonable time.

CERTIFICATES OF INSURANCE: We will issue to the Policyholder an individual Certificate of Insurance for delivery to the Primary Insured. It will state the essential features of the insurance to which the Primary Insured and their Family Members, if any, are entitled. This will include conditions of eligibility, what benefits are payable and to whom and those provisions of this Policy relative to the procedure to be followed in filing a claim.

TERMINATION OF THIS POLICY: We may terminate this Policy at any time following the First Renewal Date by giving the Policyholder written notice at least 60 days in advance. The Policyholder may also terminate this Policy by giving Us written notice at least 60 days before the intended termination date.

This Policy will also terminate on the earliest to occur of the following:

- (a) the date the required premium is not paid by the Policyholder, subject to the Grace Period provision;
- (b) the date the minimum participation requirements are not met by the Employer; or
- (c) the date the minimum contribution requirements are not met by the Employer.

Any termination of this Policy will occur at 12:01 a.m., Standard Time at the Policyholder's address on the date of termination.

CERTIFICATE OF INSURANCE PROVISIONS MADE A PART OF THIS POLICY: The remainder of this Policy consists of the provisions shown in the Certificate(s) of Insurance issued to the Primary Insureds under this Policy. Amendments and riders, if any, changing the provisions of the Certificate(s) of Insurance are also made a part of this Policy.

Unified Life Insurance Company
(Hereinafter called: the Company, We, Our or Us)
[P. O. Box 25326
Overland Park, KS 66225-5326]

CERTIFICATE OF INSURANCE

**EMERGENCY MEDICAL AIR EVACUATION
[WITH GROUND AMBULANCE SERVICE]**

LIMITED BENEFIT COVERAGE

BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

MAXIMUM BENEFIT PER OCCURRENCE

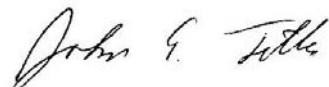
Maximum Benefit Per Occurrence for Emergency Medical Air Evacuation \$
[Maximum Benefit Per Occurrence for Ground Ambulance Service] \$]


We certify that coverage is provided for each Insured in accordance with the terms of the Policy. Only a summary of the Policy provisions are included in this Certificate of Insurance. The entire Policy is available for review from your Employer.

This Certificate of Insurance replaces any previous certificate of insurance issued to the Primary Insured for the coverage described in this Certificate of Insurance. All benefits are subject to the terms of the Policy.

This Certificate of Insurance provides limited benefits and is not intended to cover all medical expenses. PLEASE READ THIS CERTIFICATE OF INSURANCE CAREFULLY!

Signed at Our Administrative Office in Overland Park, KS.
[


President


Secretary

]

TABLE OF CONTENTS

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I. DEFINITIONS

Area of Service means all locations in the United States of America and Canada.

Family Members means the legal spouse of the Primary Insured and their natural born or legally adopted children who have not yet reached their 21st birthday. Any children who are full-time students at an accredited school, college, or university will be covered until they reach their 25th birthday or become married, whichever shall first occur.

[Ground Ambulance Service means a licensed service provider of ambulance transportation equipped with appropriate emergency and medical supplies and equipment.]

Hospital means a legally operated institution which:

- (a) is operated pursuant to the law and is licensed or approved as a Hospital by the responsible state agency;
- (b) is primarily engaged in providing medical care and treatment for sick or injured persons on an inpatient basis, for which a charge is made;
- (c) provides 24 hour a day nursing service by or under the supervision of registered graduate professional nurses (RNs); and
- (d) is not a convalescent home, a convalescent, rest or nursing facility, a facility primarily for the aged, drug or alcohol rehabilitation, or a facility primarily affording custodial, rehabilitation or educational care.

Insured means the Primary Insured and any covered Family Members for whom a premium has been paid.

Legally Qualified Physician means any duly licensed medical practitioner who is acting within the scope of his or her licenses, and is other than the Primary Insured or member of the Primary Insured's family.

Primary Insured means the person eligible for coverage who has completed an Enrollment Form and for whom a premium has been paid.

Transportation Expense means the cost of conveyance of the Insured, and medically necessary services or supplies for and during such conveyance.

Usual & Customary Charges means the amount equal to or greater than the 80th percentile of charges for comparable services made by other service providers in the same geographic area for the same service.

II. COVERAGE

When an Insured incurs emergency Transportation Expense as a result of a sickness or injury within the Area of Service while coverage is in force, the benefits described herein are payable directly to the service provider.

Emergency Medical Air Evacuation. If the sending caregiver and the receiving Legally Qualified Physician determine that air transportation to a Hospital or medical facility is safe, appropriate and medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the Transportation Expense incurred will be paid for at the Usual & Customary Charges for the Insured's transportation to the closest Hospital or medical facility capable of providing that treatment. The amount payable will not exceed the Maximum Benefit Per Occurrence for Emergency Medical Air Evacuation shown on the cover page of this Certificate of Insurance. Any balance due the service provider will be the Insured's responsibility.

[Ground Ambulance Service. When the Insured is, for medically necessary reasons, transported within a metropolitan area served by a Ground Ambulance Service, to a Hospital or medical facility for an unforeseen sickness or injury that is acute or life threatening, the Transportation Expense incurred will be paid for at the Usual & Customary Charges for the Insured's transportation to the closest Hospital or medical facility capable of providing that treatment. The Ground Ambulance Service personnel and the receiving Legally Qualified Physician will determine the safety and appropriateness of the transport. The amount payable will not exceed the Maximum Benefit Per Occurrence for Ground Ambulance Service shown on the cover page of this Certificate of Insurance. Any balance due the service provider will be the Insured's responsibility.]

If benefits are payable under this coverage and the Policyholder has other insurance that may provide benefits for this same loss, the Company reserves the right to reduce the benefits payable hereunder to the extent of recovery from such other insurance. The Policyholder is required to:

- (a) notify the Company of any other insurance;
- (b) help the Company exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- (c) not do anything after the loss to prejudice the Company's rights; and
- (d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance. The Company may not request reimbursement after one year of payment of the claim.

III. EXCLUSIONS

Benefits are not payable for sickness, injuries or losses of the Insured for:

- 1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
- 2. mental, nervous, or psychological disorders;
- 3. an act of declared or undeclared war;
- 4. participating in maneuvers or training exercises of an armed service;
- 5. a contributing cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
- 6. normal childbirth, normal pregnancy (except complication of pregnancy) or voluntary induced abortion;
- 7. participation as a professional in athletics;
- 8. civil disorder;
- 9. elective treatment and procedures;
- 10. if the patient is legally pronounced dead before the evacuation service is called;
- 11. transportation from the member's home to a facility other than a Hospital, skilled nursing facility, rehabilitation facility, or nursing home to the member's home; or
- 12. transportation provided primarily for the convenience of the patient, patient's family or physician.

IV. PREMIUM

You may be required to pay all or a portion of the premium for this coverage. Non-payment of any premium due under the Policy will terminate your coverage. A 31 day grace period for the payment of any premium will be allowed.

V. ELIGIBILITY AND EFFECTIVE DATE

Primary Insured's Eligibility: An employee of the Employer is eligible to be insured under the Policy provided the employee:

- (a) has completed and signed an Enrollment Form;
- (b) has completed and signed any required form of payroll deduction authorization; and
- (c) has met the Company's underwriting rules, if any.

Primary Insured's Effective Date: The insurance on any eligible employee will take effect on the effective date assigned by the Company or upon acceptance of such person's written Enrollment Form, whichever is later, provided the required premium has been paid for such employee.

Family Member Eligibility: Each Family Member will be eligible for such coverage on the day the Primary Insured:

- (a) enrolls and has eligible Family Members; or
- (b) acquires his or her first Family Member, whichever is sooner.

Family Member coverage may be elected by;

- (a) completing and signing an Enrollment Form within 31 days of the date the Family Member becomes eligible for coverage, and
- (b) completing any required form of payroll deduction authorization.

Family Member Effective Date: The effective date of coverage for each eligible Family Member will be the first of the month following the Company's acceptance of the Enrollment Form and receipt of the required premium.

Coverage for newborn children is effective from the moment of birth. Coverage for adopted children or children placed for adoption is effective from the date of adoption or placement for adoption.

VI. TERMINATION OF COVERAGE

Primary Insured's Coverage: Insurance coverage on a Primary Insured will end on the earliest of these dates:

- (a) the end of the last period for which the required premium has been paid;
- (b) the date the Policy is terminated; or
- (c) the date the Primary Insured ceases to be an employee.

Coverage on Family Members: Insurance coverage on a Family Member will end on the earliest of these dates:

- (a) the date the Primary Insured's coverage terminates;
- (b) the end of the last period for which the required premium has been paid;
- (c) the date the Policy is modified so as to exclude Family Member coverage; or
- (d) the date on which a Family Member attains his or her 21st birthday. Any children who are full-time students at an accredited school, college, or university will be covered until they reach their 25th birthday or become married, whichever shall first occur.

The Company may end the coverage of any Insured who submits a fraudulent claim.

VII. CLAIM PROVISIONS

Notice of Claim: The Insured should notify the Company, in writing, within 30 days after an Insured incurs a loss covered by the Policy. If it is not reasonably possible to give notice within this time period, the claim will not be denied or reduced due to the delay. Written notice should be sent to the Company at Our Administrative Office.

Claim Forms: A claim form should be used for filing proof of loss. We will send the forms needed for filing proof of loss to the claimant within 15 days of receipt of Notice of Claim. If claim forms are not supplied within this stated period of time, a claimant can give proof by sending, in writing, a description of the loss regarding the nature and extent of the loss.

Proof of Loss: Proof of loss must be given to the Company within 90 days after the loss. The Company will accept late proof if it was not reasonably possible to give proof in that time, and the proof is given within one year from the date it is otherwise required. This one year limit will not apply in the absence of legal capacity.

Time of Payment of Claims: Benefits for a covered loss will be paid immediately but in no event later than 30 days after the Company receives written proof of loss.

Assignment of Benefits: The benefits of the Policy may be assigned.

Unified Life Insurance Company
[P.O. Box 25326, Overland Park, KS 66225-5326]

HOME OFFICE USE ONLY

Group Number:

APPLICATION
APOLLO EMERGENCY MEDEVAC GROUP PLAN

The Information provided by the Applicant in this Application will be the basis on which any insurance is issued. Incorrect information could void Insurance.

Proposed Effective Date:

Legal Name of Employer (include d/b/a):

Employer Identification Number:

Physical Address: (Street Number and Name)

Billing Address:

City

City

State

Zip

State

Zip

Contact Information

Executive Contact Person:

Billing Contact Person:

Title:

Title:

Telephone:

Telephone:

Email Address:

Email Address:

Fax Number:

Fax Number:

Coverage Election: (Select One)

- ☐ Apollo Emergency Medevac Group Plan – Emergency Medical Air Evacuation Only
☐ Apollo Emergency Medevac Group Plan – Emergency Medical Air Evacuation and Ground Ambulance Service

Eligibility

An active full time employee working [30] hours or more per week.

The first premium must be paid before any insurance is effective. Insurance provided hereunder will terminate with regard to any individual when that individual is no longer eligible in accordance with the "Termination of Coverage" provision of the Policy. The Policy will terminate in accordance with the "Termination of this Policy" provision of the Policy.

Insurance Applied For: Employer will pay _____% of Employee Costs

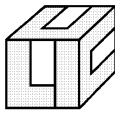
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

On behalf of the Employer, this Application for group insurance is signed by:

Signature: _____ Printed Name: _____

Official Title: _____ Date: _____

Agent's Signature: _____ Agent's Number: _____



Unified Life Insurance Company
[P.O. Box 25326, Overland Park, KS 66225-5326]

HOME OFFICE USE ONLY

ENROLLMENT FORM
APOLLO EMERGENCY MEDEVAC GROUP PLAN

Enrollment Form must be completed and signed in black ink.

Please check appropriate item: ☐ New Coverage ☐ Add Family Member ☐ Other (Name change, address change, etc.)

Indicate reason for change: _____

Proposed Insured (Employee)

☐ Male ☐ Female

(Last)

(First)

(MI)

Address _____

City _____ State _____ Zip _____ Home Phone # (____) _____ - _____

Occupation/Job Description _____ # of Hours Worked/Wk _____

Birth Date ____/____/____ Issue Age _____ Social Security Number _____ - _____ - _____

Declination of Insurance:

☐ I decline to enroll for this insurance for my Family Members and myself. If I and/or my Family Members decline coverage and desire to participate in the plan at a later date, I agree that I will have to submit evidence of insurability satisfactory to the Insurance Company.

<u>Relationship To Insured</u>	<u>Insured's Family Member Names: (First-MI -Last)</u>	<u>Date of Birth (Mo/Day/Yr)</u>	<u>Social Security Number (Optional)</u>	<u>Sex</u>
Spouse		/ /		M / F
Child		/ /		M / F
Child		/ /		M / F
Child		/ /		M / F
Child		/ /		M / F
Child		/ /		M / F

PREMIUM DEDUCTION AUTHORIZATION TO THE EMPLOYER, IF APPLICABLE

You are hereby authorized to deduct \$ _____ from my pay according to the deduction mode indicated below, until further notice from me, and remit to Unified Life Insurance Company, [P.O. Box 25326, Overland Park, KS 66225-5326].

I further understand that this coverage will not become effective until after the effective date of coverage.

Premiums will be deducted ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Annually ☐ Other Specify _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

I have read the answers and statements written in this Enrollment Form, and represent each and all of them to be true and complete to the best of my knowledge and belief. In the absence of fraud, my answers in this Enrollment Form shall be deemed representations and not warranties.

Proposed Insured Signature: _____ Date: _____

SERFF Tracking Number:	UNLI-126566009	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	45311
Company Tracking Number:	1037		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Apollo Emergency Medevac Group Plan		
Project Name/Number:	Apollo Emergency Group Plan/1037		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/26/2010
Comments:		
Attachment:		
Generic Readability Certification.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	04/26/2010
Bypass Reason: See Form Schedule. The application and enrollment form are being submitted for approval at this time.		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	04/26/2010
Bypass Reason: N/A - group health product		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Marketing Brochure	Approved-Closed	04/26/2010
Comments:		
Attachments:		
main brochure inside.pdf		
main brochure outside.pdf		

READABILITY CERTIFICATION

Company Name: **Unified Life Insurance Company**

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
GPEME 2010	49.2
GCEME 2010	40.0
GAEME 2010	46.1
GEEME 2010	47.4



William M. Buchanan
Chairman of the Board

March 31, 2010
Date



apollo medi trans

Emergency Medical transportation can be costly an often times undercompensated by standard health insurance plans, leaving patients with large bills for medical transportation on top of the bills from hospitals and Doctors. With a simple Apollo MT policy you will never have to worry about these costs again.

Apollo MT offers two simple policy choices underwritten by Unified Life, to anyone regardless of pre-existing illnesses, insurance status, or age.

Corporate and organization plans are available. Call us at 1-888-457-1711 for more information



pollo Air Medevac Plan - \$75.00*

The Apollo Air Medevac plan covers an entire household for one year and ensures that a person requiring Air Ambulance transport will not receive a bill. This policy will start 3 days after receiving payment and will cover any air ambulance transport to the nearest appropriate facility whether the aircraft is a helicopter or a fixed wing air ambulance. The Apollo Medevac Plan does not cover any ground ambulance transportation.



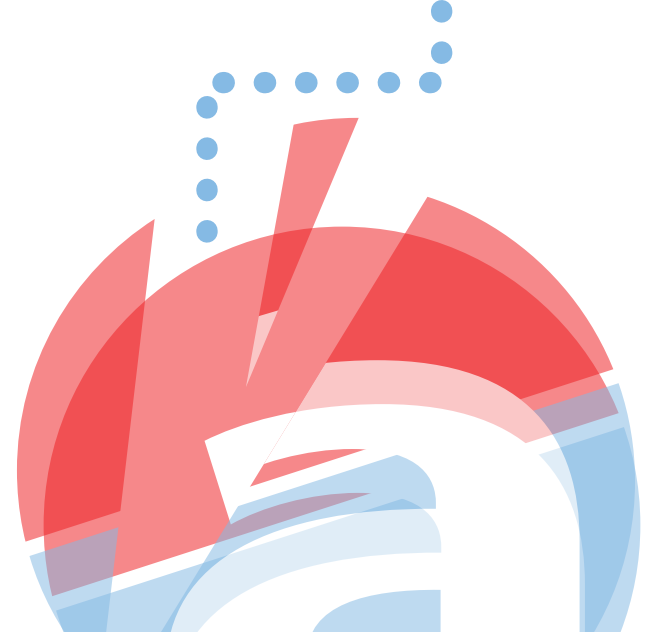
pollo Emergency Medevac Plan - \$100*

The Apollo Emergency Medical Services Plan covers an entire household for one year and ensures that a person requiring emergency medical transportation will not receive a bill. Policies are active 3 days after payment is received, and are good for one full year from date of purchase. This policy will cover any medically necessary medical emergency transport by ground ambulance including 911 services, rotor wing ambulance or fixed wing ambulance.


Apollo MT

250 Cushman St. Suite 4J
Fairbanks, AK 99701

PLACE
STAMP
HERE



visit us at
www.apollomt.com
or call 1-888-457-1711



Apollo MT is a company issuing policies underwritten by Unified Life, whose goal is to help people cover the costs of emergency medical transportation. Apollo offers plans that can suit the needs of families who want to have peace of mind when dealing with the costs of medical transportation.

